

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Atty PTB-4750-46  
Dkt.

C# M#

LANG ET AL.

TC/A.U. 3765

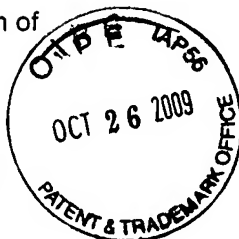
Serial No. 10/578,864

Examiner: Katherine M. Moran

Filed: May 11, 2006

Date: October 26, 2009

Title: HEADBAND DEVICE FOR AN OXYGEN MASK, AND METHOD FOR THE PRODUCTION THEREOF

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**RESPONSE/AMENDMENT/LETTER**

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

☐ **Correspondence Address Indication Form Attached.****Fees are attached as calculated below:**

Total effective claims after amendment	18	minus highest number			
previously paid for	21	(at least 20) =	0	x \$52.00	\$0.00 (1202)/\$0.00 (2202) \$ 0.00

Independent claims after amendment	2	minus highest number			
previously paid for	3	(at least 3) =	0	x \$220.00	\$0.00 (1201)/\$0.00 (2201) \$ 0.00

If proper multiple dependent claims now added for first time, (ignore improper); add  
\$390.00 (1203)/\$195.00 (2203) \$ 0.00

Petition is hereby made to extend the current due date so as to cover the filing date of this paper and attachment(s)

One Month Extension	\$130.00 (1251)/\$65.00 (2251)		
Two Month Extensions	\$490.00 (1252)/\$245.00 (2252)		
Three Month Extensions	\$1110.00 (1253)/\$555.00 (2253)		
Four Month Extensions	\$1730.00 (1254)/\$865.00 (2254)		
Five Month Extensions	\$2350.00 (1255)/\$1175.00 (2255)	\$ 130.00	

Terminal disclaimer enclosed, add	\$140.00 (1814)/ \$70.00 (2814)	\$ 0.00
-----------------------------------	---------------------------------	---------

☐ Applicant claims "small entity" status. ☐ Statement filed herewith

Rule 56 Information Disclosure Statement Filing Fee	\$180.00 (1806)	\$ 0.00
---	-----------------	---------

Assignment Recording Fee	\$40.00 (8021)	\$ 0.00
--------------------------	----------------	---------

Other:		\$ 0.00
--------	--	---------

**TOTAL FEE \$ 130.00**☒ **CREDIT CARD PAYMENT FORM ATTACHED.**

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140.

901 North Glebe Road, 11th Floor  
Arlington, Virginia 22203-1808  
Telephone: (703) 816-4000  
Facsimile: (703) 816-4100  
PTB:IGS/lmrNIXON & VANDERHYE P.C.  
By Atty: Paul T. Bowen, Reg. No. 38,009Signature: 

10/27/2009 MAHMED1 00000018 10578864

01 FC:1251

130.00 0P